



Clinical Trial Participation: Propelling Advances in AML Treatment

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Andrew Schorr:

So, you are both in really big cities. Our largest, New York, Houston. And there are choices of what hospital you go to or what clinic you go to. Some may be in a more suburban or rural area. But it seems like, if this is suspected, if you can get with this changing landscape, at least a consultation or even your community doctor calling one of these folks to have a plan, an architect plan, even if the community doctor is sort of the general contractor, if you will. But there's a lot...

Dr. Ritchie:

...but I want to say something about that a little bit.

Andrew Schorr:

Sure, please.

Dr. Ritchie:

These are all very new drugs. And leukemia patients need a lot of care.

And we don't really know what we need to know about a drug, until a drug is approved, and it's being used widely. So, it is something that community doctors should confer with people who have used the drugs. And probably the most impressive abstract that I have seen at ASH this week involves really our ability to develop these sorts of drugs where there was an abstract looking at patients who had FLT3 mutations and how many leukemia patients we have every year in the United States who have FLT3 mutations. Looking at the number of trials that we have open for FLT3 inhibitors and now combinations of FLT3 inhibitors with some of these other drugs.

And looking as to whether or not we have enough patients. It's very sad, in this country, that only 5 percent of adults are participating in clinical trials.

So, the ability of our leukemic world to develop drugs that are actually going to improve the quality of life and improve the treatment of these diseases has depended on that very generous five percent of the adult population who is enrolled on clinical trials. This contrasts greatly with children. The Children's Oncology Group manages to enroll about 50 percent of children in this country on Children's Oncology Group studies. And the overall survival of children, in every single malignancy where the COG trials are open are superior to adults' overall survival.

So, now that we have these drugs, we want to hone in and find ways to make these drugs even more effective. The IDH2 inhibitors are about 40 percent effective CRs. But it would be nice, if we could figure out a way to combine it with something else and make it 80 percent.

Andrew Schorr:

CR, complete remission.

Dr. Ritchie:

To make it 80 percent effective. And the way we are going to do that is by enrolling people on clinical trials.

Esther Schorr:

But it sounds like the onus is really on patient and their care partners to say hey, if I'm in a rural setting, and I'm not near one of these major centers that I want to have a consultation. I want you, doctor, in my city, and consider a trial. It's a big responsibility.

Dr. Kadia:

Absolutely. I think you have to be an advocate for yourself. And I've seen patients, when they're first diagnosed, their head is spinning. It's a scary, scary thing. You Google AML, and it's not a fun thing to read.

Esther Schorr:

No.

Dr. Kadia:

So, their heads are spinning. So, this is a really good time for the family, the caregiver, the friend to come and support that patient and say, look, I got you. I'll go with you to the doctor's appointment, and I will advocate on your behalf. And you will advocate on your behalf to say, look, you're my doctor. You've been my dad's doctor.

You've been my cousin's doctor, and I love you. But I think that I really want to get a specialty opinion from a disease specialist who treats this really, really rare disease that happens to be really aggressive. And where there's been so much development, just in the last two to three years where things that we used to do before, we don't do anymore. It's just not the case. And people get afraid of clinical trials. Well, I don't want to be a guinea pig. But it's not necessarily a guinea pig. I think, you can really ask the doctor that you're seeing what does this clinical trial entail. Am I going to get a placebo?

Am I going to get standard treatment? And what you'll see, as far as I know, is many of the trials, most of the trials in AML and leukemia these days, are full treatment trials where they're studying potential combinations and things like that. And really, get to know your risks, before you sign the consent.

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